

**State Officer Application Form**  
**Mail by December 15:**  
**Barbara Smith**  
**Tennessee Association Family, Career and Community Leaders of America**  
**4<sup>th</sup> Floor, Andrew Johnson Tower**  
**710 James Robertson Parkway**  
**Nashville, TN 37243-0383**

Chapter\_\_\_\_\_Advisor\_\_\_\_\_

Candidate's Name\_\_\_\_\_Birth Date\_\_\_\_\_

Home Address\_\_\_\_\_  
(Street) (City) (Zip)

Age\_\_\_\_\_Grade(next year)\_\_\_\_\_

Parent/Guardian's Name\_\_\_\_\_

\_\_\_\_\_  
(Phone Number) (Street) (City) (Zip)

Applicant's School\_\_\_\_\_Principal\_\_\_\_\_

School Address\_\_\_\_\_  
(Street) (City) (Zip)

Applicant's Grade Point Average (Minimum 2.5)\_\_\_\_\_Fall Semester

List all the Family and Consumer Sciences classes you have taken and the year when taken: Must include a copy of your transcript with courses highlighted.

Classes

Year or Grade

How many years have you been an active FCCLA member?  
(including current school year)\_\_\_\_\_

Include a copy of your chapter affiliation form with your name highlighted. Describe your involvement in FCCLA at the local, and/or state level (include any FCCLA chapter offices you have held)

List your participation in other school and community activities other than FCCLA (include major activities, organizations you belong to, offices held, and awards or honors received.)

Use only the space provided. Write one paragraph for each of the two topics below.

FCCLA has helped me grow—

The most important qualities of an effective leader are –

Student's Signature\_\_\_\_\_

Principal's Signature\_\_\_\_\_

Vocational Director's Signature\_\_\_\_\_

**NOTE TO PARENTS/GUARDIAN AND ADVISORS:** This student is applying for consideration for a state officer candidate. It is an honor and responsibility for the student.

**PARENTS:** This will require your support financially, emotionally, physically, and in general, strong parental backing.

Date: \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

**ADVISOR:** Your signature is verification of the qualifications of this candidate. Your assistance is required in completing all duties assigned to your officer.

**CHAPTER ADVISOR STATEMENT:** The Candidate's chapter and chapter advisor have recommended this candidate for state officer. I will support this candidate by attending all required meetings. This includes supporting the state officer candidate in planning, preparing, and executing all responsibilities.

**YES, I AM WILLING TO ACCEPT THESE RESPONSIBILITIES AND SUPPORT THIS CANDIDATE FOR STATE OFFICER.**

Date \_\_\_\_\_ Adviser's Signature \_\_\_\_\_

**Attach the following to this form:**

- 1) Two recommendations (from school administrators or teachers on leadership, citizenship, scholarship, maturity level, etc.)
- 2) A wallet size photograph
- 3) A narrative description which does not exceed 160 words indicating what qualifies you as a State Officer Candidate.